

MINUTES

JOINT LEGISLATIVE OVERSIGHT COMMITTEE ON MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

Tuesday, January 4, 2005

1:00 PM

Room 643, Legislative Office Building

The Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities and Substance Abuse Services met on Tuesday, January 4, 2005, at 1:00 P.M. in Room 643 of the Legislative Office Building. Members present were Senator Martin Nesbitt, Co-Chair; Representative Verla Insko, Co-Chair; Senators Austin Allran, Charlie Dannelly, Jeanne Lucas, and William Purcell and Representatives Martha Alexander, Jeffrey Barnhart, Beverly Earle, Carolyn Justice, Edd Nye, John Sauls and Paul Stam.

Dr. Alice Lin, Project Manager, Jim Klingler, Kory Goldsmith, Tim Hovis, Shawn Parker and Rennie Hobby provided staff support to the meeting. Attached is the Visitor Registration Sheet that is made a part of the minutes. (See Attachment No. 1)

Representative Verla Insko, Co-Chair, called the meeting to order and welcomed members and guests. She asked for a motion for the approval of the minutes from the December 17th meeting. Representative Nye made the motion and the minutes were approved.

Representative Insko asked Representative Martha Alexander to report on the recommendations of the DWI/ADETS Advisory Committee meeting that took place that morning. Representative Alexander, Co-Chair of the committee, reviewed the results of the survey of the 54 ADETS. She explained that the survey examined the qualifications of the instructors, class size, cost findings and the cost findings of other states. Based on information compiled from the survey, she reviewed draft legislation that included suggested recommendations by the Advisory Committee. (See Attachment No. 2) The first recommendation was to increase the fee to the ADET schools from \$75 to \$160. In Section 2 of the draft legislation, individuals providing ADET school instruction must be a Certified Substance Abuse Counselor, a Certified Clinical Addiction Specialist, or a Certified Substance Abuse Prevention Consultant by January 1, 2009. Section 3 recommends that the minimum hours of instruction not be less than 16 hours and that the maximum class size not be more than 20 persons. She indicated that the Commission on MH/DD/SAS would have to revise its rules regarding this last recommendation. Representative Alexander explained that Section 4 would contain language pertaining to a quality assurance/outcome study. Staff would include that language after reviewing current laws. She said Section 5 would include appropriated funds to the Department of Health and Human Services but that figure will to be determined once the language for Section 4 has been decided.

Members were interested in the reason for the large increase in fees. Representative Alexander explained that currently ADETS are paid \$7.50 per hour. The increase to \$10 per hour covers the increase in the hours of instruction, the reduction of the classroom size, and the cost of the outcome study. Members agreed that tracking outcomes was an important step. Senator Allran commented that the inconvenience, trouble, and expense an offender must go through is a good deterrent against driving intoxicated in the future.

Representative Insko asked members for a motion to adopt the bill as a Commission bill and to authorize staff to add Sections 4 and 5. The motion was approved unanimously.

Representative Insko told members that the Children's Services Work Group met that morning and explained that the group was looking at ways to improve collaboration between agencies serving children. The group identified barriers to collaboration, identified existing laws that are in conflict with one another and spoke to the need to develop common language. She said the group first drafted a bill to create a Council in the Executive Branch level to meet with the Governor. They would in turn delegate work to appointed representatives who would report back to the Council. However, concern that the Council might not meet prompted a second draft making the system of care the State policy for providing services to children. The second draft also includes principles defining the system of care, establishes a work group of agency heads and a working group below the agency heads. Representative Insko said issues were identified that were not covered in the bill and staff would develop a third version of the draft and make sure that agency heads were supportive.

Senator Nesbitt added that the makeup of the group included department heads and other interested parties. Recognizing the need for collaboration, the group recommended a bill to create another meeting of the agency heads. He said a bill would be presented to the LOC that would require collaboration at a high level and possibly a provision calling for a study commission dedicated to collaboration. Senator Allran suggested that "proxies" and "designees" be omitted from the bill in order to get those appointed to attend.

Next, Flo Stein, Chief of Community Policy Management for the Division, gave an update on implementation of Best Practices. She said her presentation would address the accomplishments of the Division and some of the plans for connecting services to research. (See Attachment No. 3) She noted that for various reasons, there is a lag time of 15 to 20 years from the time research is known until it gets into practice. She explained the process of improving practice in the system. Ms. Stein said that part of improving the system is to look at practices that are found to be effective in other places and to look at issues or barriers in getting those practices implemented in North Carolina. In a report to Congress in 2002, the Substance Abuse and Mental Health Services Administration suggested three ways to improve evidence-based practice – real clinical research, clinical expertise, and consumer values.

Continuing, Ms. Stein explained that the Division has obtained grants to study best practices in the three areas of disabilities. She referenced the Science to Service Project for Adult Mental Health Services that the LOC heard about earlier this year. She noted

the importance of applying evidence-based practice exactly as it is intended in order to achieve positive outcomes. She said the DD best practice framework would be included in the 2005 State Plan. In the area of substance abuse, Ms. Stein said North Carolina has one of the best developed outcome measurement systems in the country and this past year North Carolina's outcome system was recognized three times in Congress as an example of how a state can develop a data system to measure what happens to people. Mental Health has now been included in the system and the core indicators project with developmental disabilities may be added to the web base measurement system. She said everything is being done structurally in the system to see that the practices being offered are the ones with the best results and that by using these practices to improve our services and support we are better able to serve the consumer. Ms. Stein explained that a system of partnership had been established to look at research, to study how practices are being adopted, and to look at new research that might be considered. That group will give its findings to a Division Advisory Group that will meet twice a year.

Committee members raised the following concerns and issues: delivery of evidence-based practices in the State; academic institutions teaching best practice in clinical programs; LME responsibility for seeing that evidence-based practices are being provided; and updating training once evidence-based practice is implemented.

Addressing concerns, Ms. Stein said the system requires the development of an infrastructure to support the adoption for these practices. The AHECs and the University System are in the process of looking at the new service definitions and changing the curriculum to ensure people are prepared. She said the culture of practice would change with consumers being treated at work, in schools, in the community, and on the street corner.

Mr. Moseley added that a major systemwide training initiative would begin at the end of January for providers, consumers, LMEs, and family members. Beyond that, a support structure will be in place to offer support as the transition begins and will continue after the new services are implemented.

Senator Nesbitt thanked the Division for their presentation. He told members the next meeting would be on January 18, 2005. He said a draft report would be sent to members prior to the meeting for review.

The meeting adjourned at 2:35 PM.

Senator Martin Nesbitt, Co-Chair

Representative Verla Insko, Co-Chair

Rennie Hobby, Committee Assistant